

THE  
MEDICAL AND SURGICAL REPORTER.

No. 615.]

PHILADELPHIA, DEC. 12, 1868.

[VOL. XIX.—No. 24.

ORIGINAL DEPARTMENT.

Communications.

SYMPATHETIC DISORDERS ARISING  
FROM ULCERATION OF THE OS AND  
CERVIX UTERI.

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Of Somerset, Pa.

The true explanation of all sympathetic disorders is to be found in the unity of the human organism. Although complex in its structure, consisting of a diversity of organs, each one of which has functions peculiar to itself, yet all these are so intimately connected together by the nervous and vascular systems, that it is impossible for serious disease to exist in any one organ for any length of time, without disturbing more or less the functions of others. This may result from irritation transmitted either directly to these organs, or reflected through the nervous centres. If there is one organ of the female economy, to which these remarks are more applicable than another, it is the uterus. We will not stop to inquire into the accuracy of the notion entertained by the ancients, that "a woman is, what she is, on account of her womb," but we have no doubt, that thousands of females realize the painful truth, that the uterus is a source of inexpressible suffering, both physical and mental. Every physician of extensive experience will agree, that chronic disorders are more frequent among females than males, and that these disorders, generally of a sympathetic character, may be referred to the uterus as their cause. No other organ has such extensive sympathies as the uterus, and consequently disease of no other can so extensively influence the female economy. Hence, we have as results, cerebral and spinal

irritations, convulsions of an hysterical and epileptic character, disorders of the intellectual and moral faculties amounting in some cases to positive insanity, and also of the thoracic and abdominal viscera. These sympathetic disorders are often exceedingly severe, and simulate primary diseases of these organs so closely, as scarcely to be distinguishable from them. In many instances, indeed, the symptoms referable to the uterus are so trifling, and the general symptoms so severe that attention is directed to the latter exclusively by both patient and physician, and the consequence is, the cases obstinately resist all treatment.

During the early periods of life, before the menstrual function is established, the uterus exerts but little if any influence on the female constitution, but after its manifestation the slightest derangement of it often occasions serious and alarming constitutional disturbance, and this liability continues during the whole of menstrual life. But this is more particularly true after the reproductive function is exercised. Then it is that the most serious structural changes occur in this organ, and the general health becomes most seriously impaired. The influence which pregnancy exerts upon the system of the female, is further proof of the sympathies of the uterus. While in some, immediately after conception has taken place, a new stimulus is imparted to the nutritive functions as seen in the robust health that attends the pregnant state, in others these functions are so much impaired that extreme emaciation and debility follow, but both conditions demonstrate the influence exerted over the economy by the disturbing process going on in the uterus.

My object is to treat of the sympathetic disorders produced by inflammatory ulceration and hypertrophy of the os and cervix uteri, and the prolapsus which so frequently

accompanies these morbid conditions. I am aware that some high medical authorities are disposed to deny the pathological importance of simple non-specific ulceration of the os, and regard as visionary the serious results attributed to it. Taking my own experience as my guide, in preference to the opinions and theories of others, I hope to be able to show, by giving the results of treatment of cases, that it possesses all the importance claimed for it by its most enthusiastic advocates.

**Case 1. Disease of the Chest Simulating Phthisis**

June 2d, 1866. Mrs. A., at. 30. Had been subject to menstrual irregularities for several years. Since the birth of her child, two years old, she had been laboring under a severe cough, with muco-purulent expectoration, night sweats, and progressive emaciation and debility, anaemic neuralgic pains through the chest and back, particularly in the interscapular region. Catamenia very sparse, but a free leucorrhœal discharge. In addition to these symptoms, there was a slight dulness on percussion at the summit of the left lung, and a prolonged expiratory murmur. These symptoms were sufficient to justify the apprehension of the existence of phthisis in its early stage. She was put under the use of cod-liver oil and whisky, a ferruginous tonic, and counter-irritation. There being no improvement in the symptoms after several weeks treatment, a more thorough examination was instituted. On more careful inquiry into the history of the case, the fact of the precedence of certain uterine symptoms, to the chest symptoms, was elicited. An exploration of the uterus was proposed and consented to. A digital examination revealed a patulous and tumid condition of the os, with hypertrophy and tenderness of the cervix. On introducing the speculum, a large ulcer, with a highly inflamed margin was observed surrounding the os and extending into the cervical canal. This ulcer healed rapidly, under the application of the nitrate of silver and astringent injections. Her chest symptoms disappeared, and her general health improved, *pari passu*, with the healing of the ulcer. The cough and expectoration ceased, appetite increased, and with it her general vigor.

That the improvement was the result of the local, and not the general treatment, is unequivocal. Had the chest disease been a primary one, as first supposed, she should have improved under the constitutional treatment adopted. There was no improvement until the local treatment was instituted. The cod-liver oil was omitted, in consequence of its offending the stomach, and no medicines given internally, but the ferri. cit. et strych.

The happy result of this case, shows the necessity of diligently searching out the true cause of all the diseases we encounter. I have no doubt, from the progress the disease had been making, that had not my attention been directed to the uterus as the producing cause of all her sufferings, it would have eventuated in a fatal phthisis pulmonalis. Hundreds of females drag out a miserable existence, swallow gallons of nauseous drugs, and rest under the imputation of being hysterical and hypochondriacal, who might be speedily relieved if the true seat of their disease were recognized; but the uterus in many instances is the last thought of, simply because the practitioner is misled by the predominance of the secondary symptoms.

**Case 2d. January 4th, 1860. Mrs. P., at. 60.** This lady had been confined to her bed for the greater part of three years, suffering from constant pain in the head, chest, abdomen and extremities, from which she had scarcely an hour's respite, with loss of appetite, nausea and vomiting. She had become the object of the sympathies of the whole neighborhood in which she lived. She had undergone treatment for dyspepsia, neuralgia, rheumatism, hepatic disease, and consumption consecutively, without any relief to her sufferings. The last physician who saw her, introduced a globe pessary, which greatly augmented her sufferings. In this extremity I was sent for, and on being informed that she was wearing a pessary for two months, which the physician insisted should not be removed, as the womb would gradually become accustomed to the irritation it produced, I proceeded to remove it at once, which was followed by the discharge of a large quantity of bloody pus of a very offensive character. I ordered vaginal

injections of sol. potass. chloras, which was the best disinfectant I could command at the time. On visiting her again after a few days, I made an instrumental examination, and found a large, unsightly and deep ulcer of the os, with great enlargement of the cervix. This case yielded to frequent scarifications and applications of nitrate of silver, with tonic and alterative treatment internally. In the course of a few months she had sufficiently recovered to leave her bed, and in six months, walked to my residence, a distance of six miles, and now, after several years, continues in the enjoyment of good health.

Case 3d. Vascular Tumor of the Meatus Utrinarius.

Dec. 15th, 1865. Mrs. C., *et. 30.* This lady had been suffering with vesical tenesmus for two years. She had a constant desire to urinate when on her feet, and the act was attended with a severe burning pain and the passage of a few drops of blood. She was obliged to rise up several times during the night to void her urine. She attributed her suffering to an injury inflicted by her accoucheur in a rude attempt to introduce a catheter after labor. For a long time her chief and only suffering was at the meatus, and this had gradually developed an irritable condition of the nervous system, and a mental condition that wholly unfitted her for social enjoyment. She could find no pleasure in her domestic duties. She had resisted the wishes of her husband, to call in medical aid, until her sufferings became intolerable, and then was willing to submit to any treatment that afforded the slightest prospect of relief. On examination, I found a vascular tumor of an intensely red color, the size of a pea, exquisitely tender, occupying the meatus, as the cause of her sufferings. Supposing, at first, that this was the primary disease, I proposed excising it, to which she objected, greatly alarmed at the idea of having an operation performed upon her. I observed that the mucous membrane of the vagina was intensely red, the uterus prolapsed, and the cervix tender and very much enlarged. On examination with the speculum, I discovered a small ulcer at the os, which I subjected to the usual treatment,

and also applied the caustic to the tumor at the meatus. The ulcer healed kindly, but there was no relief to the urinary trouble, and then, instead of excising the vascular tumor, as I had intended, I introduced a pessary to support the prolapsed uterus, and in a few days after its introduction all the uneasiness at the meatus subsided, and the tumor disappeared. She had complete relief from the tenesmus and burning sensation, from which she had suffered so long a time, and there was no return of her affliction six months subsequently, since which time I have heard nothing of her, being removed to a distant locality.

Some high authorities maintain that the vascular tumor is a disease *per se*, and that the only efficient treatment is to excise it. Whilst this may be done in some instances, this case, along with another to be mentioned presently, convinced me that it may be the result of a congestion of parts around the meatus, which is only a part of that general congestion of the vaginal mucous membrane, which is frequently produced by an inflamed and prolapsed uterus.

A second case of the same kind was that of a lady who had been treated empirically for "gravel," for a period of three years. The same burning sensation existed during micturition, with no other symptom of uterine disease. On examination, I found the vascular tumor, with prolapsus uteri. I applied the solid nitrate of silver to the tumor a few times, under the influence of which it disappeared temporarily. Returning again, I introduced a pessary, after having cured inflammatory hypertrophy of the cervix by scarification and nitrate of silver. The tumor disappeared permanently, and since then she has had no further trouble.

Case 4th. Obstinate Gastric Disorder.

June 30th, 1862. Mrs. D., *et. 40.* This lady had been suffering for several years from indigestion. Every meal was followed by nausea, and often by vomiting. She had constipation and diarrhoea alternately. The nutritive processes were much impaired, and as a consequence, she became greatly emaciated. She had undergone a protracted course

of treatment for dyspepsia, without any relief. On careful inquiry into the history of her case, I gave it as my opinion, that her trouble proceeded entirely from uterine disease, and urged my experience in similar cases as sufficient ground for such an opinion. This view of her case was entirely new to her, but she at once saw the reasonableness of it, from my explanation of sympathetic disorders, and did not hesitate to have her uterus examined. As I predicted, there was enlargement of the cervix, and the most exquisite tenderness to the touch. The application of my finger to the cervix, with firm pressure, was immediately followed by nausea and an effort to vomit. The nausea subsided in a few minutes after I withdrew my finger. On re-applying my finger with pressure, the nausea returned. This satisfied her mind, not only of the existence of a morbid condition of the womb, but also of the dependence of her symptoms upon it. On further examination with the speculum, an intense redness of the cervix was observed, with very slight ulceration. This yielded in a short time, to the treatment which I generally adopt in these cases, scarifications and the application of nitrate of silver, with tonic and alterative remedies internally. In a few months I had the satisfaction of hearing her say that she had recovered her health perfectly.

Such obstinate cases of gastric disorder will occasionally come under the observation of every physician, and will resist all remedies addressed exclusively to the stomach. Success in treatment will depend entirely upon regarding them as sympathetic affections. It should be an invariable rule with every physician, whenever he meets with an obstinate functional disorder of any origin, which cannot be directly traced to structural disease, to seek for its cause in some other part of the organism, and if the patient be a female, never to neglect the uterus in his investigations. He will be amply compensated for his pains.

It is often a difficult matter to satisfy a woman's mind in such cases. She cannot see any connection between the uterus and remote parts of her organism, and the fact that one

part may be the seat of disease, and the suffering be experienced in another and distant part, is too mysterious to be comprehended. To obtain the confidence of the patient, and succeed in such cases, the physician must explain fully the sympathies that exist between different organs by virtue of their anatomical connections. The patient needs to be enlightened, and when the truth is once apprehended by her, she yields herself a willing subject, and co-operates with the conscientious physician in his efforts to relieve.

#### Case 5th. Nervous Disorder.

Jan. 20th, 1863. Miss E., wt. 20. This lady had been suffering for several years from a peculiar nervous condition which would manifest itself in various ways; sometimes as hysterical convulsions of a terrible character; then as catalepsy of twenty-four hours' continuance; again as asthma, and sometimes as neuralgia of the bowels, of a most excruciating character. She had been treated with tonics, antispasmodics, and purgatives, by several physicians, with only temporary alleviation to her sufferings. When I first saw her, as I found considerable tenderness of the spine, I supposed I had found the secret of her disease in spinal irritation, and went vigorously to work with counter-irritants, hoping thus soon to overcome this troublesome affection. In this, however, I was disappointed. In spite of prolonged and powerful counter-irritation to the spine, she still continued subject to these paroxysms, although their force and frequency were somewhat diminished. Foiled in my efforts to effect a cure, my attention was next directed to the womb, and as the result of my investigations, I ascertained the evidence of chronic inflammation and ulceration of the os and cervix uteri. She was put under a treatment almost exclusively local, with the exception of a laxative pill and a tonic occasionally. For the first few months there was but little change in her condition, but persisting in my treatment, a gradual and progressive improvement was manifest in the general symptoms, as the uterine inflammation and ulceration yielded. She had, however, several relapses during the succeeding two years, in consequence of imprudent ex-

posure. The treatment was continued, and ultimately with the most gratifying success. For the last two years she has had neither convulsions, catalepsy, nor asthma, although previously she had an attack of one or the other once or twice a month.

When I began writing this article, it was my intention to report a large number of cases which I have had under successful treatment, in order to demonstrate more fully the importance of these morbid conditions of the os uteri, but I imagine my readers are growing weary with the details of cases, in all of which the pathology and treatment are precisely similar, and the difference only in the resulting sympathetic disorders. Sufficient has been said to lead the thinking physician to suspect the womb as being the *fons et origo* of many of the obscure female complaints, for which he may be called upon to prescribe, and which will persist in defiance of all constitutional treatment. I shall, therefore, include in some general remarks the nature of the remaining cases which I intended to report, with the hope that others may be induced to investigate the subject more fully. Cases of functional disorder of the heart, liver, and bowels, so closely resembling organic disease of these organs as to be with difficulty distinguished from them; neuralgia of different parts of the system of an obstinate character, and sick headache of many years' standing, dependent upon uterine disease, have all yielded to therapeutical means directed to this organ. I can recall a considerable number of instances in which pregnancy followed immediately upon the cure of ulcers of the os, in which sterility had existed for years after marriage, and some of these cases so peculiar as to convince me that thousands of sterile women might become prolific, were they cured of diseases, of the existence of which they themselves have no suspicion.

I would not have any one to infer that I claim to have been uniformly successful in the treatment of all cases of the kind under consideration. Some of them have proved to be totally intractable in my hands. There are many causes to counteract the influence of our remedial agents in these, as in all other

diseases. In some, from a long continuance of the local disease, the resulting sympathetic affections have become organic, so that even when the former is removed, the latter continues, and if at all curable, requires separate treatment. In others, the local and sympathetic diseases mutually react on each other, which greatly complicates the case, and renders the treatment more difficult and unsatisfactory. Sometimes an irremediable cachexia coexists. I have known ulcerations of the os in tubercular subjects, which would not yield to any treatment, and in these the ulcers sometimes assume a frightful character, having a striking resemblance to the malignant ulcers.

## Medical Societies.

### EAST RIVER MEDICAL ASSOCIATION OF NEW YORK.

The annual election of officers was held at the regular monthly meeting, November 3d, 1868, and resulted as follows:

*President*.—JOHN SHADY.

*Vice-President*.—WILLIAM NEWMAN, and ROBERT A. BARRY.

*Secretary*.—WILLIAM J. PURCELL.

*Treasurer*.—TRUMAN NICHOLS.

*Committee on Ethics*.—Verranus Morse, John Burke, N. H. Chesebrough, R. J. O'Sullivan, William J. Purcell.

*Admission*.—William Faulds Thoms, Alexander Sterl, Faneuil D. Weisse, Montrose L. Smith, G. V. Skiff.

*Finance*.—Norman Abbott, Henry E. Cramp顿, Nelson Place, Jr., Samuel Blume, M. S. Buttes.

*Visiting Sick Members*.—William Newman, D. E. McSweeney, H. E. McCartin, Alexander H. Stein, Truman Nichols, John Priestley.

#### The Repetition of Prescriptions.

The following communication from the *American Pharmaceutical Association* relative to this question was presented and read before the society.

“PHILADELPHIA, PA., Sept. 1868.

“To the Secretary of the East River Medical Association.

Dear Sir—As I informed you under date of October 1st, 1867, your communication of September 10th, 1868, in regard to the renewal of prescriptions by apothecaries, was laid over as unfinished

business, to be acted on at the sixteenth annual meeting, which took place in this city, September 8th to 11th. At the third session the subject was freely discussed, and then referred to a committee to draft resolutions expressive of the views of the American Pharmaceutical Association. The chair appointed the following members: Frederick Stearns, of Detroit, Michigan; Ferris Bringhurst, of Wilmington, Delaware; Henry W. Lincoln, of Boston, Massachusetts; Professor J. Faris Moore, of Baltimore, Maryland; and John H. Pope, of New Orleans, Louisiana; who at the fifth session presented the following preamble and resolutions, which were adopted by a unanimous vote.

*Whereas*, The East River Medical Association of New York, through its secretary, has submitted a preamble and series of resolutions regarding the renewal of physician's prescriptions without due authority for such renewals, for our consideration, and,

*Whereas*, The discussion of this important subject has called forth a free expression of opinion from our members, therefore,

*Resolved*, That this Association regards the pharmacist as the proper custodian and owner of the physician's prescription once dispensed.

*Resolved*, That however desirous we may be to accede to the request of the East River Medical Association, the restriction of the pharmacist to a single dispensing of the prescription, without the written authority of the prescribing physician for its renewal, is neither practicable, nor within the province of this Association. Nevertheless, we regard the *indiscriminate* renewal of prescriptions, especially when intended for the use of others than those for whom they were prescribed, as neither just to the physician nor to the patient, between whom we stand as conservators of the interests of both, and that such abuses should be discouraged by all proper means.

In performing the duty of transmitting a copy of these resolutions, permit me to state that it will afford me pleasure to forward to your honorable Association a copy of the proceedings of our last (sixteenth) annual meeting as soon as published, from which you will learn the views presented by different members upon the subject in detail.

I am sir, yours very respectfully,

JOHN M. MAISCH,

*Permanent Secretary Amer. Pharm. Asso.*"

Dr. VERRANUS MORSE followed the reading of the above communication by the following remarks:

"Mr. President, we have taken one step forward in our efforts to remove what the American Pharmaceutical Association acknowledges to be an abuse, and we have invited the pharmaceutical Association to coöperate with us in this for-

ward movement, but the Association in these resolutions has declared that it is not within its province to attempt to check this acknowledged evil.

Now, Mr. President, shall we turn back, or shall we take another step forward? I for one say, go forward; and I have been led to this decision not only by what I have learned from my own experience, but also by what I have been told by the Pharmaceutical Association itself in these resolutions. But there is one thing in these resolutions that puzzled me exceedingly. If, as the Association claims, the apothecary is the owner of the prescription once dispensed,—if, as the Association asserts, the renewal of the prescription is unjust both to the physician and the patient, and if, as the Association assumes, the druggist is the conservator of the interests of both physician and patient, why is it not the duty of the apothecary to discourage these abuses? why is it not in the power of the apothecary to prevent this injustice? And how does the apothecary conserve the interest of either physician or patient, by doing injustice to both? Amid all this uncertainty, I beg leave to submit the following preamble and resolution to conserve the lives of our patients.

*Whereas*, The American Pharmaceutical Association acknowledges that the indiscriminate renewal of prescription is an abuse which should be discouraged, and

*Whereas*, All renewals by the apothecary without the authority of the physician must necessarily be indiscriminate, since he neither sees the patient nor knows what the disease is, and

*Whereas*, The Pharmaceutical Association after acknowledging that the renewal of prescriptions is unjust, both to the physician and the patient, declares that it is not within its province to prevent such renewal, therefore

*Resolved*, That the State Medical Society be requested to ask the next legislature to pass an act making it a misdemeanor to renew or use a prescription without the authority of the prescribing physician.

Dr. ABBOTT thought the claims of the Pharmaceutical Association preposterous—had never before heard of such a claim, and hoped that the Association would learn that this very important question would not remain a dead letter, but that the resolution would be strictly enforced.

Dr. THOMS approved very highly of the resolution of Dr. MORSE, and arrived at the conclusion that as the principle medical societies had endorsed the action of the East River Medical Association on this subject, and had recommended the original resolution to the State Medical Society for its action, he hoped the resolution offered by Dr. MORSE would be referred

to, and duly endorsed by the State Medical Society.

Dr. O'SULLIVAN remarked that any claims the druggists may assume to have in the matter, were most effectually disposed of by themselves; for according to their own resolutions they have not met or refuted a single point advanced by the East River Medical Association, instead of which it would seem as if the Pharmaceutical Association assumed the power of deciding important points in a manner that seemed to him partial and unsatisfactory. Their assertion that they possess the right of property in prescriptions once dispensed, is contrary to common sense, they being simply the compounders of medicine ordered by the physician, and are the *custodians* only of the prescription for the time being, subject of course to the order of the physician according to the terms of the contract between him and his patient; the right of the druggist, so far as can be ascertained by legal investigation, extends no further than the compounding of the medicine, and the temporary custody of the prescription.

The Doctor denounced as illogical the claim of the pharmacists to the right of property in the prescription and to its renewal, and very pertinently asked, "Who are the judges of the indications as to the propriety of the repetition of the prescriptions? certainly it is not the patient or his non-medical friends; neither is it the druggist, who, perhaps, does not even know for what purpose the medicine is intended, yet the latter claims to be the judge in the matter, else why should he renew the prescription without the authority of the prescribing physician? If in him lies the right to decide this important question, it would be hardly necessary for the physician to call in a brother practitioner in consultation should he deem a change of remedies necessary, since he has only to send to some neighboring druggist and ask his opinion."

The question being put, the resolutions were unanimously adopted.

#### NEW YORK ACADEMY OF MEDICINE.

A stated meeting of the New York Academy of Medicine was held on the evening of December 2d, at the College of Physicians and Surgeons, corner of Fourth avenue and Twenty-third street, Dr. Post in the chair. The annual report of the Treasurer was read, showing that the Academy is financially in a healthy condition. The cash balance in the Treasurer's hands is \$433, and bills to the amount of \$1,000 have been paid

during the past year. The report of the Board of Trustees shows that the building fund has now reached the sum of \$9,238, an increase of \$1,000 since last report. On motion, it was ordered that \$600 be added to the building fund for this year's appropriation.

The annual reports of the Secretaries show that eighteen meetings of the Academy have been held during the year, and that on the rolls there are the names of 282 resident Fellows, 5 nonresident, 24 corresponding, and 3 honorary; one Fellow has been suspended, and four have died since the last report. The Corresponding Secretary read interesting sketches of the four deceased members—Dr. JOHN PUTNAM BATCHELOR, who died in April, aged 82; Dr. ISAAC WOOD, who for several years practiced in what was once known as "Doctor's Row," in East Broadway, and who first separated the pauper lunatics from the rest of the city poor in the public institutions; Dr. THOS. WM. HORSFIELD, for a long time known in the north-west part of the city as the "Poor Doctor," on account of his readiness to assist the needy; and Dr. JOHN WM. SHEPPARD, who was killed in October by falling down stairs after visiting a patient.

Reports of the Librarian, the Committee on Medical Education, on Admission, and on Ethics were also read, after which nominations of officers for the ensuing year were made.

The following names were placed in nomination:

For President—Drs. ANDERSON and BUCKLEY; for Vice President—Drs. HUTCHISON, KENNEDY, JAMES CRANE, ROBERTS, GRISCOM, and HINTON; for Trustee, (to fill the vacancy caused by the retiring of Dr. Van Pelt)—Drs. Farnum, Banks, Post, Chambers, and Van Pelt; for Committee on Ethics—Drs. Purnell, Kennedy, Smith, Underhill, and Prince; on Education—Drs. Draper, Peasley, and Griscom.

Dr. GOUVERNEUR M. SMITH then delivered an address on "Vegetable Assimilation," in which he illustrated the metamorphoses which occur in vegetables while elaborating their principles. He started with the proposition that water is the basis of every organic principle; that plants readily obtain this, and as readily resolve it into its chemical elements, retaining what they need, and liberating the surplus in the form of oxygen. The address was a novel one in many respects, and was listened to with great attention. The next meeting of the Academy will be held on Thursday evening, the 7th inst.

## EDITORIAL DEPARTMENT.

## Periscope.

## Uterine Complaints.

At a late meeting of the Obstetrical Society of London, an interesting discussion took place. In the course of a paper on Irritable Uterus, Dr. TILT objected to the term "irritable uterus," as representing a pathological non-entity, unless it were only intended to mean the aggravated uterine neuralgia that may accompany any kind of chronic uterine and ovarian disease in women of highly susceptible nervous system. He considered the paramount cause of uterine neuralgia to be a morbidly inclined nervous system, without which, severe uterine disease will not cause uterine neuralgia. Given this morbid tendency, and a very slight amount of any kind of uterine or ovarian disease may cause all the symptoms described as "irritable uterus." It may be congestion of the womb or metritis, or cervical ulceration, or uterine displacement and flexions, the amount of mischief being often small; but there is always evidence of the womb having been more or less diseased for many years. Entertaining these views, Dr. TILT entirely dissented from the statement lately put forth by Dr. GRAILY HEWITT, that irritable uterus was nothing more than retroflexion of the womb in a marked form. Dr. TILT found aggravated uterine neuralgia to be of such rare occurrence, that he could not understand how it could be considered of comparative frequent occurrence, unless the name was given to ordinary cases of retroflexion. Neither could he reconcile the assumed possibility of almost universally curing irritable uterus by the use of the American pessary, with the well known fact that many of these cases of aggravated uterine neuralgia are actually made worse by surgical manipulation.

Dr. MEADOWS then read a paper on *Flexions of the Uterus*. The author showed that in the great majority, if not in all the cases, of uterine flexion which apply for treatment, congestion and inflammation of the uterus exist; and he adduced the following reasons for believing that this inflammation almost invariably precedes, and is the principal, if not the sole cause of the displacement.

1. That very commonly there is an antecedent history of uterine disorder.

2. That cases are often met with, presenting very much the same general symptoms as those

met with in uterine flexions, but where, on examination, inflammation without any flexion whatever is discovered.

3. When, in such cases, flexion does take place, the additional symptoms are due merely to the mechanical effects upon the surrounding parts, and are clinically separable from the preceding symptoms.

4. Cases of acute flexion are sometimes met with where no uterine symptoms whatever exist, and in such cases there is a complete absence of all inflammation. Various statistics were brought forward to prove that enlargement of the uterus from frequent gestation, strongly predisposes to uterine flexion.

Lastly, the author remarked that for the foregoing reasons, our first care in the treatment of these cases ought to be to remedy that which is not only the cause of the flexion, but is, at the same time, responsible for by far the greater part of the patient's sufferings. When this is accomplished, but not before, we may resort to mechanical or other treatment for the reposition of the organ. The author believed that great evils would be likely to ensue if this plan of treatment were reversed.

Dr. HENRY BENNETT thought that the differences of opinion alluded to in the valuable papers just read, might be briefly embodied in two views, which divided the profession, as it were, into two camps. One party attributed most of the varied forms of uterine suffering to displacements, while the other thought that these displacements were generally secondary, and often unimportant, and that the uterine suffering was generally the result of chronic congestion and inflammation. To this latter section he himself belonged. For his own part, he looked for the real result six months, a year, or more, after the entire cessation of treatment. He would also remark that there were two causes of uterine flexions which were not sufficiently taken into account; viz., arrested absorption of the uterine tissues after miscarriage or childbirth, and marital contact. After childbirth, the uterus had to fine down, in six weeks, from a weight of thirty ounces or more to that of two or one and a half, and any contusion or laceration of the cervix, any inflammatory action in any part of the uterus, arrests this process; the uterus remains at eight, six, four ounces, and becomes displaced from overweight.

Dr. GRAILY HEWITT considered that while the subject under discussion was of the very highest importance, it could hardly be settled by discussion alone. Dr. MEADOWS, however, had infer-

entially allowed it to be supposed that he (Dr. HEWITT) thought little of inflammation of the uterus, as connected with flexions of the organ. On the contrary, he believed that in almost all cases of flexion there was a condition of the uterus characterized by engorgement, congestion, enlargement, etc., pre-existing and predisposing thereto. So far, then, he entirely agreed with Dr. MEADOWS. But as to the question, whether, in cases of flexion, the coexisting engorgement increased bulk and tenderness, constituting the "irritability" or "inflammation," as you please to call it, be the cause of the symptoms, as Dr. MEADOWS contends, or the reverse, he differed from Dr. MEADOWS, and believed that, pathologically, as well as therapeutically, the flexion was the prominent and remarkable feature of these cases. The tenderness of the uterus was generally limited to the displaced fundus, which was usually sensitive to the slightest touch. The restoration of the organ to its proper shape was, in his mind, the first indication, and the success of this mode of treatment amply justified this view of the case. To treat the inflammation of the uterus without altering the shape of the organ, appeared to him as illogical as the application of cooling lotions to the arm with the view of reducing a swelling and tumefaction due to a dislocated shoulder-joint. The inflammation had to be treated undoubtedly; but in most cases, he concluded, the mechanical rectification did remove or materially improve this so-called inflammation.

Dr. TYLER SMITH attributed much importance to uterine displacements, and believed that one common cause of retroflexion was perineal laceration, and that in this way displacement occurred without any disease of the uterus itself. He thought that the cases in which the suffering was slight were exceptional.

Dr. RASCH said that a great deal of the discrepancy in the opinion of different authors would disappear if pure cases of flexion were properly diagnosed from those complicated with infiltration of the ligaments, inflammation of the ovaries, adhesions, etc. After describing his mode of exploring the pelvis, he stated his belief that flexions were by no means the harmless affections they were asserted to be by some. The symptoms were mostly well marked, and the relief given in properly selected cases very striking.

Dr. HEAD had for some time, in all aggravated cases of retroversion, made examination *per rectum*, and he had so frequently found the left ovary low in the pelvis, swollen, and painful,

that he was inclined to believe that the symptoms hitherto supposed by some to denote irritable uterus, depended mainly on a morbid sensibility of the left ovary, and that this condition had been confounded with the so-called "irritable uterus."

#### Glanders in the Human Subject.

The following interesting case of this formidable, but fortunately rare disease, is communicated by Dr. W. O. BALDWIN, of Montgomery, Ala., to the *Richmond and Louisville Medical Journal*.

On the evening of the 11th of May last, I received a message from Drs. TOMPKINS, TOWNSEND, and ROBERTS, requesting me to visit, in consultation with them, Mr. Eli Townsend.

Mr. Townsend, I learned, is a planter, in easy circumstances, now about 71 years of age; of large and once powerful frame; of active and industrious habits; has always enjoyed excellent health, and up to the commencement of this attack, was in remarkable preservation for one of his years. He has had on his premises a very fine saddle horse, affected with glanders since Christmas last. This horse he has kept in a close stable on his premises, but apart from the balance of his stock, and has persisted in tending him himself, in spite of the remonstrances of his family. About the 27th of April he received a small abrasion on the dorsum of the left hand. He continued, however, to nurse his horse, and among other duties which he performed for him was that of daily syringing his nostrils with vinegar and water. The injected fluid on its return, was of course mingled with the secretions from the nose of the animal, which were said to be very abundant, and it is quite likely that more or less of these offensive matters came in contact with the abraded surface on the hand during some of these operations with the syringe. He seemed to have some apprehension in exposing his hands in this way after the skin had become broken, and though he continued to use the syringe daily, he never failed to go immediately to the house, where, after giving his hands a thorough washing with soap and water, he would apply a small bit of paper saturated with spirits of turpentine over the abraded surface, as a preventive of bad consequences.

On the night of the 4th ult., about seven days after the abrasure on the hand, he felt a very slight uneasiness about the spot. On the next day (5th) he visited a relation in the neighborhood, where he spent the day, and whilst there, observed that the uneasiness in wound on hand

had increased, and noticed red streaks running up the arm, with some pain in axilla of corresponding side. Complained also of great oppression and distension about the stomach, and when the dinner hour arrived could not eat. Had no absolute pain in stomach but from the general distress in that region, said he thought he must have colic. Returned home in afternoon, and had rigors and flushes of heat, succeeded by fever. At night took a large dose of calomel.

On the 6th, calomel operated several times, but distress about the stomach still continued, accompanied with nausea. Hand and whole arm considerably swollen; some spots on skin hard to touch, and as "red as red flannel," on both arm and fore-arm. Had alternate rigors and fever, with great restlessness. Took several small doses of calomel.

On the 7th all the symptoms increased in violence. Took a dose of Cooke's pills. On the 8th, whilst applying a poultice to the affected arm, the nurse noticed that one of the hardest tumors on the fore-arm was discharging a thin serous fluid, and that underneath the cuticle where it had been broken, the tissues presented a very dark blackened appearance.

Up to this time he had not been visited by a physician. On the 9th he was seen by Dr. TOMP-KINS, a highly intelligent physician of the neighborhood, who immediately diagnosed his condition as that rare disease in the human subject, known as glanders, which is sometimes communicated to man by the horse, ass or mule. Pulse full and regular, and about 90 per minute; skin hot and dry; tongue heavily loaded and moist; general feeling of uneasiness, distress and restlessness, with pains and soreness in extremities; thirst and nausea, but no vomiting or retching; rigors occasionally, and a desire to get out of bed and sit by the fire, which he sometimes did. Arm and fore-arm much swollen, with a general erysipelatous look; pustules, tubercles and bullæ, with hardened bases interspersed on different portions of limb of varying sizes and shapes, and in various stages of development, one of which had broken, and was discharging a thin sanious fluid, and revealing under the cuticle a blackish, sphacelated mass. Original wound where the skin had been abraded on back of hand, and which had been the point of inoculation, and now about the size of a twenty-five cent piece, somewhat sunken, of a dark-leaden color, and emitting a thin sanious fluid. Prescribed chlorate of potassa internally, and lead lotion to arm.

Drs. ROBERTS and TOWNSEND saw the case in

consultation on the 10th. Their description of his condition on that day, did not differ from the one given by Dr. THOMPSON, of his symptoms on the 9th, except in the general progress toward virulence and malignancy.

On the 11th and 12th there seemed great tendency toward congestion in the morning, marked by coldness of extremities, a leaden pallor of surface, and feebleness of pulse. This condition was followed in about four hours with febrile reaction, but without increase of frequency of pulse, which has been tolerably uniform at 98 per minute; has been frequently purged. Commenced taking calomel and opium on the 10th, which was continued at intervals until 12 o'clock, M., on the 12th. Nitrate of silver was applied to the wound, over and around tumors and gangrenous spots, and heavy caustic lines drawn around the arm in front of axilla.

When seen by me at 6 o'clock, P. M., on the 12th ult., pulse 72, large, bounding and intermittent; skin moderately hot, and occasional free perspirations; tongue dry, and considerably coated; great hebetude of intellect. (this I afterward thought was to some extent due to a pretty full dose of morphine taken in the early part of the day, as when I left him next morning his mind was clear). Has hiccoughs, some nausea, thirst, loathing of food, and extreme jactitation. Left arm somewhat swollen and red. The original wound at point of inoculation about an inch in diameter, circular, in a sloughy condition, and discharging a thin dirty looking serum. On other portions of the limb there were spots of different sizes and stages of development, from some of which the cuticle had been denuded, leaving a dark, almost black appearance, from which a dark-redish fluid exuded. One of these gangrenous tubercles was situated midway and on back of left fore-arm, about three inches in length, and one and a half inches in width, from which the cuticle had slipped off as from a burn, leaving a dark gangrenous mass underneath, which was discharging a thin, dark-red sanies. On the right arm, over the olecranon process, there was observed on yesterday a small hard red spot, which is now about three or four inches in diameter and circular, the cuticle over which presents the appearance of a blistered surface, and the skin underneath, (which can be seen where the cuticle has been torn in a small place), of a dark livid color. These tumors, or tubercles, when they are first observed, are only red spots upon the skin, which is somewhat elevated with a hardened base. Within 36 or 48 hours they assume the appearance of regular

bulbæ, the cuticle looking as if it had been sealed, beneath which a thin fluid collects into a vesicle, embracing the extent of the hardened base, easily broken or destroyed, and revealing the sphacelated tissues underneath, varying in appearance from a livid color to that characterizing complete gangrene, according to their duration—the latter generally occurring within 48 hours after first appearance. One of these hardened tumors, which was pointed out to me located near the elbow of the left arm, seemed to have resulted in the formation of a small abscess, which had discharged 36 hours after the discoloration and elevation in the skin had been first discovered. This discharge from this point was described as "considerable," and consisting of a bloody fluid mixed with quantities of matter having somewhat the characteristics of genuine pus. The tissues around this particular spot were the only ones which did not present either a sphacelus, or a decided tendency toward gangrene, in all places where the cuticle had been broken.

On different portions of the arm and fore-arm there are scattered three or four pustules, resembling fully matured small-pox vesicles, but larger and more pointed. One of the pustules was also found on the breast, and another on one of the legs of the patient. The prescription, which was the result of one consultation, was the avoidance of all exhaustive remedies, and the free use of sustaining measures, such as animal broths, milk, rich wines, brandy, etc., together with the internal use of chlorate of potassa, with hydrochloric acid and some preparation of iron. Prognosis unfavorable.

The march of the disease subsequently, was characterized by pretty much the same symptoms enumerated in the above report, giving at no time any indication of amelioration, but on the contrary, marked by a progressive increase in violence. Patient became quite delirious on the night of the 13th, which continued in a greater or less degree, with low muttering and coma toward the close. Involuntary discharges of urine came on. Hiccough, with dryness and redness of the tongue and mouth, and excessive thirst, were present throughout. Old abscesses and gangrenous spots, enlarged and sloughed. Four abscesses formed, and pustules scattered over the limbs, body and face, varying in size from that of a pea to a hazlenut. Eyes became swollen, with a livid discoloration surrounding them, with an unusual trembling of lower jaw. Jactitation which had been excessive throughout the attack, continued, with subsultus ten-

dinum, until the patient expired on the morning of the 19th, about fifteen days after the beginning of the attack. No autopsy was made. The limb, which was much swollen at first, became greatly reduced in size.

#### A New Preparation of Lupuline.

DR. DYCE DUCKWORTH, medical tutor of St. Bartholomew's Hospital, recommends (*British Medical Journal*) the following formula. Lupuline, 2 oz.; spirit ammon. arom., a pint. Macerate for seven days, agitating occasionally; then filter and add sufficient of the menstrum to make up to a pint. The dose of this is from twenty minims to one fluid-drachm. He proposes to call it "tinctura lupulinae ammoniata." He considers this preparation of the hop as the best we at present possess. According to CHRISTISON, the dose of tinctura lupuli should be from one fluid-ounce and a half to produce any hypnotic effect; the ordinary dose consists of as many drachms. DR. IVES, of New York, states that the tincture of lupuline is an effectual hypnotic in restlessness, the result of nervous irritability, and in delirium tremens. Some advantage, too, is derived from the presence of ammonia in considerable quantity, and this whether the preparation be exhibited as a hypnotic, or as a tonic combination of bitter and ammonia.

#### Extractum Carnis (Liebig.)

THOMAS T. P. BRUCE WARREN, F. E. S., says in the *Druggist*, "If an aqueous solution of extractum carnis be digested with a large quantity of rectified ether, there is found on the surface of the solution, after a short time, a substance which does not dissolve in the supernatent ether, and if mixed mechanically, by agitation, with the solution, again separates, occupying the same position as before. I was led to this observation on examining extractum carnis for fatty and gelatinous matters about four years ago, during which time the contents of the bottle have remained undisturbed. I convinced myself at the time of its not being either of a gelatinous or fatty character; and not being at the time acquainted with a substance of such an apparently intermediate relation, I thought it would be interesting to determine at a future time the properties which this substance possesses as compared with the already examined principles existing in extractum carnis, and to compare it with the proximate principles existing in animal tissues, and which are possible to exist in extractum carnis. The ether was first carefully decanted, and the solution separated by filtration,

the substance remaining on the filter was thoroughly washed with boiling water. On the surface of the solution it appeared as a jelly-like stratum, with a large quantity of air bubbles invariably adhering to it, and which were removed only by drying. It possesses in an eminent degree the smell peculiar to the extract, and is decomposed by heat without melting. It is not dissolved by boiling water. In dilute acetic acid, the caustic alkalies, and alcohol it is partially soluble. Its alkaline combinations yielded no crystals. These results, and notably that of its swelling in water without dissolving, and its insolubility in ether, show that it consists principally of cerebric acid, derived probably from the nerves which ramify the parts from which the extract is made. A suggestion arises, that cerebric acid, as transversed through the nerves of the muscles, may have a distinct modification to that found in the brain, for its insolubility in water should prevent its appearing in the extract even in the smallest quantity."

#### Transfusion.

FRESE published some interesting facts on this subject in *VIRCHOW's Archiv*, xl., (*Allgem. Med. Central Zeitung*, No. 50, 1868.) Experiments have shown that transfusion with the blood of fevered animals produces fever. FRESE had made this observation himself, and has now extended his investigations, with the following results:

1. The transfusion of small quantities of healthy blood (up to one-tenth of its entire bulk) produced no considerable increase of temperature.
2. The transfusion of large quantities of healthy blood (one-fourth to three-fourths of the entire bulk) always caused a feverish elevation of temperature when a corresponding venesection had preceded the transfusion. The greater the interval between the two operations, the more considerable was the elevation of temperature; but this never exceeded an increase of 1° C.

3. A simple venesection also caused an elevation of temperature; but this only took place some time after the reduction of temperature, which is the primary effect of bleeding. From this we may assume that the products of the physiological disintegration of the tissues enter the blood in greater quantity after venesection, and have a pyrogenic effect. The sudden abstraction of blood has, as a consequence, an increased influx of the juices, as well as of the products of physiological disintegration; but yet an elevation of temperature is not shown immediately, because in bloodletting, an important quantity of those of its elements which are in-

strumental in producing chemical changes, as between acids and bases, is withdrawn. But if this is replaced by a like quantity of transfused blood, the increase of temperature is, of course, greater when the interval between the two operations has been longer.

[He probably means that it is so because a larger supply of matter (or fuel) is then accumulated, on which the acids, etc., of the healthy blood (transfused) produce their chemical effects at once; these effects being accompanied by the emission of heat.—A. A. H.]

#### Certain Diseases common to Men and Animals.

Prof. A. LARGE, in the introductory lecture delivered by him before the New York College of Veterinary Surgeons, made some interesting remarks upon diseases common to both men and animals. The animals, the similarity of whose diseases to those of the human race was considered, are the horse, ox, pig, sheep, and dog. The similarity of the diseases of the horse and ox to those of mankind, was observed as early as the time of ARISTOTLE. Beside being liable to the same accidents, as wounds, bruises, etc., the lecturer pointed out the fact that they were liable to disease from atmospheric changes, improper food, overwork, and other fruitful causes of disease among men. Among the diseases common to men and animals, he enumerated small-pox, and various other eruptive diseases. He stated that a great many sheep were destroyed by small-pox in England, during the year 1857, and urged that sheep imported to this country should be subjected to quarantine. He believed, contrary to the generally received opinion, that cows are subject to scarlatina, and attributed many cases of sore mouth to the drinking of milk drawn from cows affected by this disease. He asserted that what has lately been considered as the cattle plague was not identical with the cattle plague in Europe, and pointed out marked differences in the manifestations of the plague from the European plague, to sustain his position.

After discussing, to some extent, the subject of hydrophobia, he advised, in cases where people were bitten by dogs, that the animals should be confined, rather than killed, as, in case they should not prove to be rabid, the assurance thus obtained would do away with the anxiety that would otherwise be experienced.

The lecturer closed his remarks by urging the importance of establishing veterinary colleges in various parts of the country, as the dissemination of veterinary science is of the highest importance, both from a sanitary and commercial point of view.—*Sci. American.*

## Sulphate of Nickel in Neuralgia.

PALMER, in *The Med. Record*, No. 56, vol. 3, 1868, reports a cure with this remedy. The disease had resisted treatment for three years, and during the last two months had become very severe. Half grain doses were given thrice daily, and in eight days the paroxysms were reduced to one in twenty-four hours. With this amelioration of the disease, the pulse diminished in frequency, and sound sleep was procured. The medicine was then continued until a perfect cure was effected.

## Hæmatemesis.

DR. WALTER D. JONES reports a fatal case in which autopsy revealed cirrhosis of the liver, and so great a dilatation of the blood vessels of the stomach that many of them admitted the point of the little finger. The coats of the stomach showed no other signs of disease; the organ contained 45 oz. of coagulated blood.—(*Lancet.*)

## Reviews and Book Notices.

## NOTES ON BOOKS.

Among the recent French medical publications are the following:

DR. E. FOURNIÉ's "Physiology and Instruction of the Deaf and Dumb, according to the Physiology of Different Languages;" DR. G. HAYEM's "Studies of the Different Forms of Encephalitis" (pathological anatomy and physiology.) DR. THOMAS DAVID's "Gestation considered as to its Influence on the Physiological and Pathological Constitution of Women;" PROFESSOR F. DE NIEMEYER's "Treatise on Internal Pathology and Therapeutics" (translated under the author's eyes from the seventh German edition, considerably modified and augmented with more than 250 pp.)

Messrs. BLACK of Edinburgh, have in the press two volumes of the scientific remains of the late lamented Professor GOODSR—one of the greatest ornaments of the Edinburgh University in our time. The volumes are to contain a Memoir by DR. HENRY LONSDALE of Carlisle, with the valuable papers which were published by Mr. GOODSR in his lifetime; also notes of two important series of lectures—the one on the place which man has in creation, and the other on comparative anatomy. The text is illustrated by plates and wood engravings, and a fac-simile portrait taken from a rare photograph which was found in the possession of a friend.

Messrs. HURD & HOUGHTON, of New York, have in press "How not to be Sick; a Sequel to the Philosophy of Eating," by ALBERT J. BELLows, M. D. The "Philosophy of Eating" has been a marked success, having reached its fifth edition.

"Doctor or Doctress?" is the title of a pamphlet of eight pages by DR. SAMUEL GREGORY, of Boston, in which the propriety of adopting uniformly the latter term when speaking of female physicians is urged. We may remark that *doctor*, teacher, in pure Latin has no feminine from *doctrix*, as DR. G., asserts, but is, if we recollect rightly, applied in classical writers to female as well as male instructors. At least the feminine form is not found in any of their works. Nor is it quite correct to say that WEBSTER and WORCESTER "declare against" the use of Doctor as a noun of common gender, because they also give Doctress; as well say they "declare against" the use of author as a similar noun of common gender because they give authoress; yet the veriest tyro knows that *auctor*, late Latin *author* is correctly applied to both sexes. Nor does it at all solve the question what Mrs. HALE, or Mrs. LINCOLN PHELPS, or the Rev. Mr. JENKS, D. D., may think about the matter. If in the growth of language it is found convenient and necessary to resort to the feminine termination, it will be done.

The late ISAAC BARTON of this city at his demise bequeathed about sixty thousand dollars to the Woman's Medical College of this city. At the opening of the present session his life and character formed the topic of the introductory lecture of RACHEL L. BODLEY, Professor of chemistry and toxicology in that institution. It is an unusually well written testimonial to a worthy philanthropist.

DR. JAMES E. GARRETSON of this city has in preparation a work on Oral Surgery, which will cover the whole ground of that department, and we believe will be found nearly exhaustive of the subject. It embraces all the topics treated of by MR. HEATH whose work we recently reviewed, and has some twenty chapters in addition. It is now ready for the press, and we understand will be out before long.

## Annual Report of the Board of Regents of the Smithsonian Institution. Washington, 1868.

This volume contains a number of articles on ethnology, especially American ethnology, of much interest to students of that branch. There are also in it many interesting contributions to general science, and biographies of distinguished scientific men.

## Medical and Surgical Reporter.

PHILADELPHIA, DECEMBER 12, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

### THE USE OF THE MICROSCOPE.

The microscope is daily becoming more and more indispensable to the practising physician, and those who have neglected to familiarize themselves with its use, constantly feel the deficiency. The Surgeon-General's office has lately issued a circular to medical officers containing some valuable instructions on the method of preparing microscopic specimens, so that they can be permanently preserved.

If the observer desires to prepare sections of such growths for his own study, he should proceed as follows: the small portions of the growth retained by him for that purpose should remain a few days in proof spirit, and then be transferred to alcohol of 75 per cent. After remaining a few days in this, they should be transferred to absolute alcohol, in which they should remain till hard enough to cut. The time required varies in accordance with the softness of the specimens from a few hours to a week or more.

After thorough hardening, the pieces may be kept in absolute alcohol for an indefinite period, especially if the alcohol be changed from time to time. The specimens, properly hardened, should be cut by a razor, with or without the aid of any of the ordinary cutting machines. The sections thus cut are stained with carmine by immersing them for a short time in THIERSCH's staining fluid, which is prepared as follows: mix one part, by weight, of carmine with one of strong aqua ammonia and three of distilled water for the first solution—the second solution consists of one part

of crystallized oxalic acid and twenty-two parts of distilled water. One part of the first solution is to be added to eight of the second, and twelve of absolute alcohol, and then filtered. If the filtrate is orange, instead of carmine-red, aqua ammonia is to be added drop by drop until the proper color appears. If crystals of oxalate of ammonia should form, they are to be filtered out. The solution is then ready for use.

The precise time of immersion required to stain sections successfully varies from half a minute to several minutes, and must be determined in each case by trial. When the sections have been immersed long enough, they are to be washed with alcohol of 80 per cent., and then soaked in a saturated solution of oxalic acid in 80 per cent. alcohol until the carmine remains only in the nuclei of the tissues. The time required for this varies from a few minutes to half an hour or more.

Trial having determined that the sections are soaked long enough in fluid, those which are satisfactorily colored are to be washed in alcohol of 80 per cent., till they are freed from all traces of oxalic acid and then to be transferred to absolute alcohol. They are to remain in this till they have parted with all the moisture obtained during the straining process, which requires from half an hour to an hour. They are then transferred to turpentine, in which they are permitted to float till saturated and should be immediately mounted in Canada balsam, without the use of heat. To effect this a solution of balsam in chloroform is prepared in the following manner: evaporate some balsam over a water bath till it becomes quite solid when cold, then dissolve it in enough chloroform to give the solution about the consistency of cream. Each section is immersed in a drop of this fluid on a glass slide and covered with a thin glass cover. The chloroform speedily evaporating leaves the balsam quite firm. The solution of balsam should be made thin enough to avoid trouble with air bubbles.

Pathological growths may be advantageously injected with some suitable fine injection by those who feel able to do so before employing the above process. The advantage which

this method has been found to possess over the glycerine methods recently employed by many European microscopists is, that the preparations are far more permanent, while they are quite as beautiful.

By these means preparations can be kept for any length of time, and can be used with great advantage in teaching and private study. By them pathological histology can be taught at any time, and they will before long be widely known and appreciated.

## Notes and Comments.

### The Physician's Daily Pocket Record for 1869.

We take pleasure in announcing to our readers that this favorite Visiting List for 1869 is now ready. It contains some improvements, most conspicuous of which is the *spring clasp*. This excellent invention, the application of which to medical diaries has been secured exclusively by Dr. BUTLER, is a vast advance in point of neatness, convenience, and durability over the tongue, etc., used by all other visiting lists. In the book itself, the principal changes are the insertion of some useful formula, a new arrangement of the French weights and measures, an increased number of pages devoted to obstetrical memoranda, and

The book is somewhat *narrower* than heretofore, so that it more readily enters the pocket, which will recommend it to many.

Physicians from all parts of the country have expressed the most flattering opinions of the "Pocket Record," and the large and constantly increasing demand for it indicates, better than anything else, the popularity which it has attained.

The weekly *REPORTER*, the *HALF-YEARLY COMPENDIUM*, and the *POCKET RECORD*, make up a series of publications which should be taken by every physician in our country.

### Sponge Tents.

The antiseptic sponge tents of Mr. KRAUSE mentioned in our advertising columns have some advantages over any others in the market, especially in cases when the discharges are offensive. They are neat and useful.

[~~Editor~~ Readers of the *REPORTER* are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."]

## Correspondence.

### DOMESTIC.

#### Case of Urinary Disease.

EDITORS MED. AND SURG. REPORTER:

I send you the following case for information, hoping to hear from some of the profession, through your journal.

Wm. A. Griffin, aged 37 years, teamster, on Aug. 2d, came to my office for advice. I found the case to be as follows: Three years ago, he a man of good health, good constitution, temperate, camped out, and arose in the morning with pain in the lumbar region and frequent micturition. The pain in the back soon ceased, but he has experienced great difficulty in urinating since, and, for the first two years of this nature, frequent great pain after, with a constant desire, yet no obstruction to the flow. Urine clear; no sediment on standing, and he says, never passed blood or pus. For the last year, gradually growing worse up to the time he came under my treatment. I will give the condition of the man at that time.

He bore that haggard countenance so peculiar of diseases of the urinary organs, with a constant desire to urinate, having to do so from six to eight times per hour, and at this period different from heretofore, attended with obstruction, being many seconds before he could pass any, then drop by drop, or at least only a small stream. Urine clear, no sediment, of normal reaction. No blood, pus, or mucus.

On trying to introduce catheter, found obstruction at the beginning of the membranous portion of the urethra, but succeeded in passing it, when the instrument moved on about one-half inch, and no allowable force would cause it to enter the bladder; not even a No. 5 gum catheter could be forced through. Called in Dr. F. B. Wood, of this place, who is, allow me to say, a fine surgeon for one of his experience. He concurring with me, we administered chloroform, took a silver catheter and forced it into the bladder. Thought to let it remain a number of hours. It causing so much irritation, had to remove it.

Aug. 3d. Introduced the catheter, but with difficulty; drew off urine and pus. Also injected the bladder with tepid water. Prescribed fluid ext. buchu and uva ursi; also tint. ferri chloridi.

Aug. 4th. Feverish. Gave saline cathartic. Catheter was introduced, and the bladder washed out with warm water. At this time he was unable to allow more than four or six ounces being

thrown up. Passed considerable pus, mucus, and blood.

The above has been about my treatment of the case; passing the catheter every second day; at the same time injecting the bladder. Also prescribed wine and quinia sulph.; and morphia sulph., per rectum, to allay all pain.

The patient has gradually recovered, the stricture or obstruction daily disappearing, the desire to urinate decreasing, micturition further apart, discharge of pus or mucus constantly less, the bladder daily holding more water up to twenty ounces, urine passing off quickly without pain or straining in a good stream, and to-day, Sept. 28th, passed the catheter without pain or obstruction, and he has been three hours without urinating. I can report the patient in fine condition, and able to resume his labor. I will add that I could not discover any enlargement of the prostate, per rectum, or otherwise.

S. P. PHELPS, M. D.

*Big Rapids, Mich., Oct. 3d, 1868.*

**Hydrocephalus, Hour-glass Contraction, Adherent Placenta, followed by Puerperal Peritonitis.—Recovery.**

EDITORS MED. AND SURG. REPORTER:

Thinking an account of the following case with its numerous complications, might not prove uninteresting to the readers of the REPORTER, I have concluded to transmit the following.

December 13th, 1867, I was called to see Mrs. S., in labor with her fourth child. Membranes ruptured 24 hours previous; waters all gone; position right occipito acetabular; pains were inefficient at my arrival, but in a few hours strong uterine efforts occurred, and the head advanced, but the pains soon ceased again. The os being fully dilated and soft, I gave fluid ext. of ergot, and soon promoted uterine contractions, but without any benefit toward the advance of the head. Time rolled on, but no progress whatever. I was interrogated as to the cause of the delay. I knew that it devolved upon me to render assistance, and not be there as a silent spectator. I now made another close examination, and found the diagnostic signs which indicate hydrocephalus. I now made the cause of the delay known to the husband and wife. In her agony she supplicated me to save her; said she was willing to undergo any suffering, if she could be spared to her family. I consoled her, and relieved the natural anxiety on this point, still avoiding a positive committal. Now as to my procedure; version or delivery by the forceps were the only alternatives. Unfortunately I left

home without my instruments; to send for them was too far, and precious time would have been lost, and delay was dangerous, as the woman's strength was failing; and again, the liquor amnii having drained off so long, made the operation of version very difficult, still I resorted to the latter. I introduced the right hand, "as it corresponded with the face of the child;" sought the feet, and succeeded in the delivery, but had to make considerable traction to deliver the head, which was of enormous size. To all appearance the child had been dead several days. No sooner was the child delivered than there was a sudden gush of blood; without a moment's delay I introduced my hand, found portion of placenta detached; following the cord, I came in contact with a stricture; found that rare complication of labor, hour-glass contraction. I overcame the stricture, and by gentle manipulation, the adherent portion of the placenta in the upper chamber was detached, and the contractions expelled, hand and placenta *en masse*. From the loss of blood sustained her strength was gone, and at once had recourse to those measures best calculated to produce reaction.

Dec. 14th. Thirty hours after delivery, symptoms of puerperal fever developed. Pulse 130, full, regular; surface hot and dry, thirst, coated tongue; nausea and vomiting, "which was of a bilious nature," pain on pressure, lochia natural. No sleep; gave opium, and acidulated drinks.

Dec. 15th. Pulse same, surface hot, incessant thirst, tongue coated, vomiting increased, lochia scanty, urine high colored and deficient in quantity, pain more severe, slightest pressure occasioned exquisite pain, remained motionless on back, cephalgia, sallow hue. Ordered dose of oil, gave opiate in large doses, with hyd. sub. mur.; also spt. eth., nit. ext., fluid ext. verat. vir., in mucilage, acacia, sinapis to abdomen.

16th. I requested Dr. KERN to see the case with me; found the pulse reduced to 120, otherwise not much change; the bowels had moved; the vomiting, which was heretofore bilious, was now of an acid nature; continued same treatment, with an addition of creta praeparata powders, to correct acidity of stomach, omitting acidulated drinks.

17th. Pulse reduced to 112; not so much thirst nor heat of skin; vomiting, but not so frequent; tympanitis, owing to flatulence of intestines; lochia returning. Treatment the same; also liq. calcis, with a view of arresting the vomiting, also carminatives.

18th. Pulse reduced to 110; no thirst, no heat of skin; vomiting ceased; pain more localized,

not so general; tympanitis. Gave ol. terebinth. instead of carminative; discontinued liq. calcis; treatment otherwise the same.

19th. Pulse reduced to 90; tongue looks better; bowels moved spontaneously; not much pain; no tympanitis. Treatment the same, omitting ext. verat. vir., also ol. terebinth. Case remained in *statu quo* until December 22d; from this time she improved rapidly, and the treatment was modified to meet the exigencies of the case, and by Dec. 27th, I discharged her well.

G. P. Fox, M. D.

Bath, Pa., Dec. 2d, 1868.

#### Bromide of Potassium in Dysmenorrhœa.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

Among the many uses of bromide of potassium, I have not observed any notice of its employment in a disorder which so often baffles the skill of the practitioner—dysmenorrhœa.

I was led to its use on general principles, believing dysmenorrhœa, as it exists among young women of the wealthy and luxurious classes of society, to be generally a disorder of innervation, corrected by whatever means, hygienic or therapeutic, which will most fully restore the health and equilibrium of the nervous system. My first trial of the drug was in the case of a young lady who had suffered intensely for years, and who had run through a long list of remedies, both at home and abroad, without relief. After the first trial, she reported a marvellous improvement, saying she had suffered very little, indeed. Since then I have tried the remedy in a number of cases, and in several of them with most satisfactory results. I generally find the annexed prescription sufficient for one time.

R. Potass. bromid.,  $\frac{3}{4}$ ij.  
Aqua puræ, f. $\frac{3}{4}$ ij. M.

S. A teaspoonful in water, an hour after each meal.

I direct the patient to commence its use two or three days before the expected time of suffering, and to continue it until the amount prescribed above is used, repeating the same at each subsequent period so long as it may be needed, and while it meets the indications of the case.

I cannot but believe that many of those cases of contracted cervical canal which have been met by surgical treatment, might yield to this remedy; and regarding sphincters as intended to be relaxed, not divided, every application of therapeutics which can prevent mechanical interference in such cases must be regarded with favor.

Phila., Nov. 1868.

## News and Miscellany.

### Health and Habits.

Dr. DRUITT, of London, in his late address to the metropolitan officers of health, made some interesting observations, quoted in the *British Med. Journal*, on the relations of habits and health. If certain persons, he observed, were admitted to the House of Commons, we can imagine bills introduced against tight-lacing, naked shoulders, and thin shoes, just as some clamor for an Act against wet-nursing. But warmth is only one function of clothing, and attractiveness and ornamentation are the more powerful; so head and feet and trunk will alternately suffer while sanitarians rave in vain. As regards child-bearing, there are some curious facts not generally known, to which Dr. DRUITT referred. Amongst them is the unfavorable influence of the marriages of immature and ignorant persons on the health of their offspring. For proof we must turn to the mines of facts constantly accumulating in the reports of the Registrar-General, and in the writings of such medical statists as Dr. W. FARR and Dr. MATTHEWS DUNCAN. From these we learn the great and disproportionate mortality of women prematurely impregnated, and that the mortality of over-young husbands is on as extravagant a scale as that of their wives. As for the offspring of such marriages, the general law, according to the Registrar-General, is, that in the counties which are the most ignorant, they marry in the largest proportions under twenty-one years of age, and lose the largest numbers of their children. Discussing the subject of feasting and fasting, he expressed the belief that a discipline involving some periodical restriction either in the quantity or choice of food, would be productive of the best moral effects. Certainly the moral effect would be prodigious, if working men in good health could be trained to go without beer one day in the week. Intemperance is one of our greatest curses, but where is temperance taught? But with an Anglo-Saxon population, the greater the need for such teaching, the less likely are they to submit to it. They glory in eating and drinking as national virtues, and would soon find moral and religious grounds for not fasting. As for technical fasting, that is, satisfying the appetite with sufficient quantity, but excluding food of certain quality, such as flesh meat; it promotes a most interesting branch of cookery in the preparation of meagre dishes made savory by vegetables; and it would be a national boon, if this mode of cook-

ery were encouraged. Abstinence from fermented liquors alone would be most effective and desirable. But when fasting consists in the denial to a not overfed body of the *quantities* necessary for work and nutrition, it must be condemned without hesitation as unfit for this climate, and for persons who must work, and not merely indulge in contemplation. He knew many excellent religious persons whose forenoons, at certain seasons, are passed in the greatest discomfort, and he believed that the result is bad for health and temper; whilst all the good of a discipline in self-denial may be obtained with benefit to both.

#### Man's Antiquity in America.

At the meeting of the American Association for the advancement of Science, recently held in the city of Chicago, Colonel WHITTLESEY maintained that four American races preceded the red man. First, the mound-builders; second, a race in the territory now called Wisconsin; third a warlike race in the region south of Lake Ontario and Erie; and fourth, a religious people in Mexico. Pottery, arrow heads, etc., have been found in conjunction with and beneath the mastodon and megatherium. A jaw and tooth were pronounced by AGASSIZ 10,000 years old. Mr. FOSTER gave an account of the discovery in a deep gold drift of California of a skeleton covered by five deposits of lava. He exhibited an arrow-head found in the valley of San Joaquin thirty feet below the surface. Human remains have also been found during excavations at New Orleans at a depth of sixteen feet. Mr. Foster exhibited a copper knife found in New Orleans, which he believed was a relic of the mound-builders, and a water-jug surmounted by a human head and a statuette of a captive with his hands bound behind him, both from Peru, and evidently of extreme antiquity. The recent explorations of Mr. E. G. SQUIERS have renewed some old theories as to a connection in origin between the earliest inhabitants of America and those of the Oriental countries. These statements remain, however, as theories only, and do not deserve to be classed with ascertained scientific facts.

#### Archaeological Discoveries in the Region of Mt. Ararat.

Very little is known of the prehistoric remains of man in the region of Ararat, and the cradle of the human race, as the explorations have been exceedingly imperfect. North of Mt. Ararat, on the summit of a hill, are to be seen the ruins of the city of Armawyr, which, accord-

ing to historic records, was the first capital of Armenia more than two thousand years ago. It was then on the banks of the Araxes, but is now five miles distant. Much older remains exist. Graves, similar to what are called in Europe Celtic tombs, have been found. And in the mountains an entire city has been found, dug out of the solid walls of the cliff which runs along the edge of one of the affluents of the River Kur. This reminds one of the people who built the city of Petra, and, taken in connection with some excavated buildings, of the Troglodytes, who are described by ancient writers as dwelling in the northern region of Caucasus, as well as in Ethiopia and Mauritania. Extensive ancient salt mines, of which no historical record exists, have been discovered in the valley of the Araxes, both east and west of Ararat. In them have been found hundreds of tools used in removing the salt. They are mostly picks, or pick and hammer combined, varying from five to fifteen inches in length, and wrought with great labor from a tough hornblende rock. None of them were pierced for handles, but showed grooves for the reception of withes or thongs. No metallic instruments were found by Capt. KOSCULL, who made the explorations; and they must rank among the oldest remains of human art.

#### Bread-Making.

The distinguished chemist, LIEBIG, recommends the following ingredients: 115 pounds of rye meal, 17 ounces of bicarbonate of soda, 4.8 pounds of pure hydrochloric acid, 4 pounds of common salt, and 42 quarts of water; the bicarbonate of soda and the acid yield carbonic acid gas, which renders the bread light and spongy. According to LIEBIG, the following are the advantages of the use of this method above the old-fashioned fermentation process: 1st. Saving of time and material, since no alcohol or other by-products are formed. 2d. This bread does not readily become moldy, since, not having been mixed with yeast, it does not contain, as is otherwise always the case, the spores of cryptogamic plants, which are the cause of moldiness. The objection to the use of this bread by many people is its insipidity and the want of a flavor the palate has from childhood become accustomed to. To mend this defect, LIEBIG recommends the addition of from 4 to 8 quarts of vinegar upon 230 pounds of flour, and to correspondingly decrease the quantity of water. When it is desired to give to this kind of bread the taste of soldier's bread, *pain dé munition*, one should try to add to the dough and mix up with it, 8 ounces of rather dry, but not

too rich cheese. LIEBIG observes that at Münich, bread is now largely made according to the plan described; it only takes four hours to convert a hundred weight of flour into bread. As will be readily observed by the majority of readers, LIEBIG's process is on a small scale. Dr. DAUGLISH's system, the celebrated German *savant* observes, has, neither in Paris nor other French towns, taken at all well. The same applies to Belgium and Holland. Instead of rye meal, wheaten flour can be taken.

#### Earth Closets in the British Parliament.

At the last sitting of Parliament, it was "Enacted by the Queen's Most Excellent Majesty, by and with the consent of the Lords Spiritual and Temporal, and Commons," that

"Any enactment of any act of Parliament in force in any place requiring the construction of water-closets, shall, with the approval of the local authority, be satisfied by the construction of an earth closet or other place for the reception and deodorization of fecal matter, made and used in accordance with any regulation from time to time issued by the local authority.

"The local authority may, as respects any houses in which such earth closets or other places, as aforesaid, are in use, with their approval, dispense with the supply of water required by any contract or enactment to be furnished to the water closets in such houses, on such terms as may be agreed upon between such authority and the persons or body of persons providing or required to provide such supply of water.

"The local authority may themselves undertake or contract with any person to undertake a supply of dry earth or other deodorizing substance to any house or houses within their district, for the purpose of any earth closet or other places aforesaid.

"The local authority may themselves construct or require to be constructed earth closets or other such places, as aforesaid, in all cases where, under any enactment in force, they might construct water-closets or privies, or require the same to be constructed," etc.

The rapid advances made by the earth closet since it was first introduced to public notice—not more than four years ago—is the strongest possible argument in favor of its adoption, at least in all towns and detached country houses which have not an abundant supply of water.

— Dr. N. MILLER, of Providence, R. I., has presented a library of three hundred volumes, with book case, to the Rhode Island Hospital.

#### Case of Hermaphrodism.

CATHARINA HOHMANN, who presents in her (his?) own person a remarkable case of hermaphrodisia vera lateralis, which has been described by Prof. ROKITANSKY and others, is on her travels in Germany exhibiting her unique malformation. She complains, however, that in Vienna the authorities put a stop to her turning an honest penny in this way, "aus sittlichkeitsrücksichten." So she advertises in the *Wiener Medicinische Wochenschrift* that she can be examined at her own rooms by those interested in her case.

A journalist who saw her writes to the Vienna *Presse*: "I pitied the poor creature. Although in good health, and of robust, and even beautifully shaped form, she sat before me in deep distress and wept. And she has wept already a great deal in her joyless life. She loved a man for twelve years; he loved her, too, and even proposed to her to go with him to America, where nobody would know of her misfortune; he would live with her there and be happy with her. But she refused to accept his generous offer, saying she would not make him unhappy. And then she loved, dreadful to say, for seven months—a young girl. Both of them were greatly attached to each other until the young girl finally turned from her and married. "From this time forward," says the poor hermaphrodite, "I could no longer look at the girl; I hated her." The most conflicting feelings always surge in her breast and torment her heart. She feels love for both sexes, and does not belong to either. "What shall I do here on earth!" she exclaimed. "What am I? In my life an object of scientific experiment, and after my death, an anatomical curiosity!"

— Dr. DYER STORY, of West Windsor, one of the oldest physicians in Vermont, died recently. He was over 80 years old, and has been in practice in West Windsor for more than 50 years.

— ADAM CARREL, of Gallipolis, Ohio, wants to find the address of Dr. SNYDER, who was Assistant-Surgeon of the Columbus Hospital, in Hickman county, Kentucky.

#### Army and Navy News.

##### Navy News.

List of changes, &c., in the Medical Corps of the Navy, from Nov. 23d to Dec. 5th, 1868.

Surgeon Louis Zenzen, died November 22d, 1868, on his passage home from Panama.

Passed Assistant-Surgeon H. P. Babcock, resigned.

